PE BLOOD

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Pate

o: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

Linda J. Hoggarth

NS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

28886

7590

07/21/2006

CLARK HILL, P.C. 500 WOODWARD AVENUE, SUITE 3500 DETROIT, MI 48226

10/20/2006 CCHAU2 00000015 10828758

10/828,758

01 FC:1501 02 FC:1504 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

65961-0136

(Depositor's name)

5331

01	1400.00 OP	Theirla	A Hogas	(Signature)
04	300.00 OP	10/12	12006	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.

Thomas Edward Kreitler

TITLE OF INVENTION: MULTI-POSITION HEAD RESTRAINT

04/21/2004

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	10/23/2006
EXAM	IINER	ART UNIT	CLASS-SUBCLASS			
EDELL, J	OSEPH F	3636	297-410000	•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Newmarket, Ontario, Canada 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents or a						
Advance Order - 5. Change in Entity Sta a. Applicant claim	tus (from status indicated as SMALL ENTITY stated d Publication Fee (if regreecords of the United States)	d above) us. See 37 CFR 1.27.	D: Payment of Fee(s): (Plea A check is enclosed. A payment by credit car The Director is hereby overpayment, to Depo b. Applicant is no long of from anyone other than the office.	d. Form PTO-2038 is atta a authorized to charge the sit Account Number 50 ger claiming SMALL ENT the applicant; a registered a	ched. required fee(s), any defic 1759 (enclose an e	ciency, or credit any extra copy of this form).
Typed or printed nam	Pohin U A	sher		Date	41,590	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)					Docket No. 19365-099806		
Applicant(s): Kreitler 0CT 2 0 2006							
	oplication No. 10/828,758	04/21/2004	Examine Edell	er	Customer No. 28886	Group Art Unit 3636	Confirmation No. 5331
lnv	ention: MUL	TI-POSITION HEAD	RESTRAINT				
			COMMISSIONE	ox 1450			
Tran		h are the following font nsmittal Form PTOL- \$ 1400.00 re: - \$ 300.00	85	ied application	on.	Plant Fee:	
	as described b	s hereby authorized to	•		count No.	50-1759)
⊠	Payment by cr	redit card. Form PTO formation on this form Provide co	-2038 is attached.		dit card inform thorization on	nation should n n PTO-2038.	ot be
5 S	Robin W. Asher, Clark Hill PLC 00 Woodward A Luite 3500 Detroit, MI 4822 313) 965-8300						
CC:	Certifi This ce	icate of Transmission by rtificate may only be us by deposit account.	Facsimile ed if paying		Certificate of M	ailing by First Cla	ss Mail
		document and authorizat facsimile transmitted t ffice (Fax No.		with the first clas	United States Pos s mail in an enve P.O. Box 1450, A	s correspondence is stal Service with suf lope addressed to "Alexandria, VA 223	ficient postage as Commissioner for
		Signature			Lind	a J. Hoggarth	ndence
	Typed or Prin	ted Name of Person Signing	? Certificate	<i>Тур</i> г	ed or Printed Name	of Person Mailing Co	orrespondence